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21394 7590 09/01/2004

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**ARTHROCARE CORPORATION**  
**680 VAQUEROS AVENUE**  
**SUNNYVALE, CA 94085-3927**

11/01/2004 AKELECH2 00000002 5003971299

01 FC:1501 1370.00 DA  
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**MICHAEL N. CLEY**  
 (Depositor's name)  
**10/29/04**  
 (Signature)  
**10/29/04**  
 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/771,299	01/25/2001	James L. Pacck	C-11	9200

TITLE OF INVENTION: SYSTEMS AND METHODS FOR ELECTROSURGICAL DISSECTION AND HARVESTING OF TISSUE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	\$665 <del>1350</del>	\$300	\$965 <del>1,610</del>	12/01/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
COHEN, LEE S	3739		606-041000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**1 JOHN T. RAFFLE**  
**2 RICHARD R. BATT**  
 3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

**ARTHROCARE CORPORATION**

## (B) RESIDENCE: (CITY AND STATE OR COUNTRY)

**SUNNYVALE, CALIFORNIA**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are enclosed:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 10

## 4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0359 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature RICHARD R. BATTDate 10/29/04Typed or printed name RICHARD R. BATTRegistration No. 43,485

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

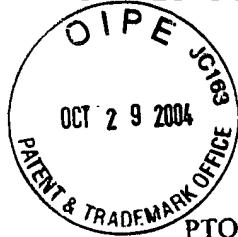
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Arthrocare Corporation

(408) 530-9143

p. 1



PTO FAX NO.: 1 (703) 746-4000

Attorney Docket No. C-11

Application No.: 09/771,299

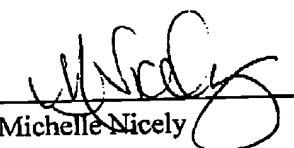
### CERTIFICATION OF FACSIMILE TRANSMISSION

In connection with U.S. Patent Application of James L. Pacek et al, Application No. 09/771,299 filed January 25, 2001, I hereby certify that the following ISSUE FEE TRANSMITTAL is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

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Dated:

10/29/04

  
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